

Foster Family Home - Corrective Action Report

Provider ID: 1-512352
 Home Name: Trinidad Lameg, CNA
 1740 Royal Palm Drive
 Wahiawa HI 96786
 Review ID: 1-512352-9
 Reviewer: Maribel Nakamine
 Begin Date: 4/28/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

PCG requests to decrease to a 2 person CCFFH.

Maribel Nakamine, MSW
 Compliance Manager

Trinidad Lameg
 Primary Care Giver

4/28/2020
 Date

4/28/2020
 Date